### **Late Contribution Report**

### Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Give Voters A Voice		Date of This Filing04/02/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1398829	Report No274101-09		For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 1 of 3		
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages3			

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/20/2018	Harkey for Board of Equalization 2018 Irvine, CA 92618  ID# 1374747	☐ IND ■ COM □ OTH □ PTY □ SCC		\$15,000.00
03/23/2018	California Republican Party Sacramento, CA 95814  ID# 810163	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$25,000.00
03/26/2018	New Majority California PAC San Rafael, CA 94901 ID# 992074	□ IND ■ COM □ OTH □ PTY □ SCC		\$50,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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JMBER	I.D. NUMBER (if applicable) 1398829 Report No		274101-09			
STREET ADDRESS  CITY STATE ZIP CODE		to Report No		Page 2 of 3		
	STATE ZIP CODE CA 95814		3			
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FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
Hilmar, CA 95324	2018		☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC			\$5,000.00
			☐ IND ☐ COM ☐ OTH ☐ PTY			
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			
	tion(s) Received  FULL NAME  Young Kim for Supervisor 2	STATE ZIP CODE CA 95814  tion(s) Received  FULL NAME, MAILING ADDRESS AND ZIP CODE O (IF COMMITTEE, ALSO ENTER I.D. NUMBE Young Kim for Supervisor 2018 Hilmar, CA 95324	This Filing	This Filing 04/02/2018    MBER	MBER   I.D. NUMBER (fragolicable)   This Filling   04/02/2018     This Filling   04/02/2018     This Filling   04/02/2018     Report No.   274101-09     Amendment   to Report No.   (explain below)     No. of Pages   3     This Filling   04/02/2018     Amendment   to Report No.   (explain below)     No. of Pages   3     This Filling   04/02/2018     Amendment   to Report No.   (explain below)     No. of Pages   3     This Filling   04/02/2018     Amendment   to Report No.   (explain below)     No. of Pages   3     FANINDIVIDUAL   ENTER OCCUPATION AND EI (FREUFEMPLOYED, ENTER NAME OF EI COM OTH	Date of This Filling

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CITY Sacramento		STATE CA	ZIP CODE 95814	No. of Pages3					
Late Contrib	oution(s) Made	)		·					
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	ON C	AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC